

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BARRIER DEVICE FOR COVERING THE OSTIUM OF LEFT ATRIAL APPENDAGE

the specification of which

(check ☐ is attached hereto
one)

☒ [X] was filed on August 18, 2000 as
Application Serial No. 09/642,291 and was
amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application.

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			<u>Priority Claimed</u>	
			<u>[]</u>	<u>[]</u>
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<u>Yes</u>	<u>No</u>
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<u>[]</u>	<u>[]</u>
			<u>Yes</u>	<u>No</u>

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Walter M. Egbert, III (Reg. No. 37,317)

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Full name of first inventor Robert A. VanTassel

First Inventor's signature X

Robert A. VanTassel

Oct 9, 2000
Date

Residence 6420 Bayview Place

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Sixth Inventor's signature X X
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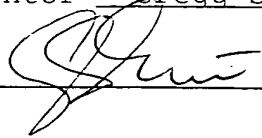
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